

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24608

1. PLACE OF DEATH

County Jackson

Registration District No. 1002

Township K.C.Mo.

Primary Registration District No. 5816 E 13th St.

City K.C.Mo.

(No. 5816 E 13th St.)

File No. 3260

Registered No. 3260

St. Ward

2. FULL NAME

Oetting G. Hengist

(a) Residence, No. 5816 E 13th St.

St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF W

(OR) WIFE OF

Susanna Hengist

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 3, 1853

7. AGE

YEARS

80

MONTHS

8

DAYS

14

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Inspector for School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

Pa

(STATE OR COUNTRY)

MOTHER FATHER

13. NAME

Frederick Hengist

14. BIRTHPLACE (CITY OR TOWN)

Pa

(STATE OR COUNTRY)

15. MAIDEN NAME

Anna Mayer

16. BIRTHPLACE (CITY OR TOWN)

Pa

(STATE OR COUNTRY)

17. INFORMANT

Mrs. Clarence Hill

(ADDRESS)

3825 E 13th St. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

July 19-34

19. UNDERTAKER

C. H. Blackman & Son, Inc.

(ADDRESS)

2825 Indep. Blvd. K.C.Mo.

20. FILED

7-19

19 34

mm

mm

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 19, 1934

22. I HEREBY CERTIFY, That attended deceased from

Jan 10, 1934 to July 19, 1934

I last saw him alive on July 17, 1934

Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Probably 5 or 6 yrs ago

Other contributory causes of importance

Arteriosclerosis

July 15-34

Name of operation

What test confirmed diagnosis? Symptoms

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Donaghy M.D.

(Address) 714 Chambers Bldg

Chambers Bldg.